

D Voice Benign Lesions

Record ID

1. Gold Standard Diagnosis

Does the patient have a benign lesion confirmed by laryngoscopy/stroboscopy?

☐ Yes

☐ No

☐ Not certain

2. Disease Subtype

What is the benign lesion diagnosis?

☐ Vocal fold nodules

☐ Vocal fold polyp

☐ Vocal fold cyst

☐ Reinke's edema

☐ Vocal fold ulcers

☐ Recurrent respiratory papilloma

☐ Fibrous masse (s)

☐ Rheumatoid nodules

☐ Other

Please specify

3. Etiology

What is the etiology?

☐ Phonotrauma

☐ HPV virus (RRP)

☐ Other

Please specify

4. Disease Severity

Location of lesion(s)

☐ Right vocal fold

☐ Left vocal fold

☐ Both vocal folds

Degree of dysphonia

CAPE-V scale

Legend: C- Sensitive I = Intermittent

MI = Mildly Deviant

MO = Moderately Deviant

SE = Severely Deviant



Overall Severity

☐ Consistent

☐ Intermittent

Roughness	<div> <div>MI</div> <div>MO</div> <div>SE</div> </div> <div> <div></div> </div> <div>(Place a mark on the scale above)</div>
Roughness	<div> <div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div> </div>
Breathiness	<div> <div>MI</div> <div>MO</div> <div>SE</div> </div> <div> <div></div> </div> <div>(Place a mark on the scale above)</div>
Breathiness	<div> <div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div> </div>
Strain	<div> <div>MI</div> <div>MO</div> <div>SE</div> </div> <div> <div></div> </div> <div>(Place a mark on the scale above)</div>
Strain	<div> <div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div> </div>
Pitch	<div> <div>MI</div> <div>MO</div> <div>SE</div> </div> <div> <div></div> </div> <div>(Place a mark on the scale above)</div>
Pitch (Indicate the nature of the abnormality):	<div></div>
Pitch	<div> <div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div> </div>
Loudness	<div> <div>MI</div> <div>MO</div> <div>SE</div> </div> <div> <div></div> </div> <div>(Place a mark on the scale above)</div>
Loudness (Indicate the nature of the abnormality):	<div></div>
Loudness	<div> <div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div> </div>
Comments about resonance	<div> <div><input type="radio"/> Normal</div> <div><input type="radio"/> Other</div> </div>
Please specify	<div></div>
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<div></div>

5. Treatment obtained

Has the patient undergone any treatment for his condition?

☐ Yes☐ No

Select all that apply:

☐ Voice/speech therapy☐ Laryngeal microsurgery☐ Voice rest☐ Other

Other, please specify

Laryngeal microsurgery

☐ With laser☐ Without laser